

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/517578</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 50							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 50							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>1</td><td>2</td><td>7</td><td>5</td> </tr> </table>		5	0	--	1	2	7	5
5	0	--	1	2	7	5					
<input type="checkbox"/>	No Fee Due (Explanation):										
REFUND COMPLETED PCT NATIONAL DIVISION											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: <u>Paul Z...</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: _____									
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

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